

SERFF Tracking Number:	DDAR-127196483	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	48963
Company Tracking Number:	REMINGTON2011		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Remington amendment		
Project Name/Number:	/		

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: Remington amendment
TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental
Filing Type: Form

SERFF Tr Num: DDAR-127196483 State: Arkansas
SERFF Status: Closed-Approved- Closed State Tr Num: 48963

Co Tr Num: REMINGTON2011 State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Sara Farris Disposition Date: 06/06/2011
Date Submitted: 06/02/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/06/2011
State Status Changed: 06/06/2011
Created By: Sara Farris
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Sara Farris

One of our groups has requested this amendment so the group's eligibility requirements under its dental coverage will mirror those under the group's medical coverage.

Company and Contact

Filing Contact Information

Sara Farris,
1513 Country Club
Sherwood, AR 72120

sfarris@ddpar.com
501-992-1662 [Phone]
501-992-1663 [FAX]

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Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:
Sherwood, AR 72120	Group Name:	State ID Number:
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	06/02/2011	48277142

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/06/2011	06/06/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/03/2011	06/03/2011	Sara Farris	06/06/2011	06/06/2011

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Disposition

Disposition Date: 06/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form (revised)	Remington2011	Approved-Closed	Yes
Form	Remington2011	Replaced	Yes

SERFF Tracking Number: DDAR-127196483 *State:* Arkansas
Filing Company: Delta Dental of Arkansas *State Tracking Number:* 48963
Company Tracking Number: REMINGTON2011
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Remington amendment
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/03/2011

Submitted Date 06/03/2011

Respond By Date

Dear Sara Farris,

This will acknowledge receipt of the captioned filing.

Objection 1

- Remington2011, Remington2011 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Remington amendment
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/06/2011
 Submitted Date 06/06/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have removed the time limit and refile the form. Thank you.

Related Objection 1

Applies To:

- Remington2011, Remington2011 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Remington2011	Remington2011		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Revised		34.100	Remington - dental cert amendment.pdf
Previous Version							
Remington2011	Remington		Policy/Contract/Fraternal	Initial		32.700	Remington

<i>SERFF Tracking Number:</i>	<i>DDAR-127196483</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Remington amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		
	<i>n2011</i>	<i>Certificate: Amendment,</i>	<i>n - dental</i>
		<i>Insert Page, Endorsement</i>	<i>cert</i>
		<i>or Rider</i>	<i>amendme</i>
			<i>nt.pdf</i>

No Rate/Rule Schedule items changed.

Sincerely,
Sara Farris

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Form Schedule

Lead Form Number: Remington2011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/06/2011	Remington 2011	Policy/Contract/ Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Remington2011	Revised	Replaced Form #: Previous Filing #:	34.100	Remington - dental cert amendment.pdf

Delta Dental of Arkansas Amendment to Group Contract

[Group Name]
[Group Number]

The following changes are made to the Group Contract:

- Section 2.04 is amended to read as follows:

2.04 ELIGIBLE DEPENDENTS. DEPENDENTS of an ELIGIBLE EMPLOYEE may not enroll unless the ELIGIBLE EMPLOYEE is also covered under the PLAN. ELIGIBLE DEPENDENTS include a SUBSCRIBER'S legally married spouse (not separated) and DEPENDENT children under age nineteen (19). Such DEPENDENT must be a resident of the United States. The SUBSCRIBER may be required to provide PLAN ADMINISTRATOR or DDPAR with proof of the SUBSCRIBER/DEPENDENT relationship.

A DEPENDENT child is eligible for coverage through the end of the year in which the child turns age twenty-five (25) if the DEPENDENT is a full-time college student and/or is primarily dependent on the SUBSCRIBER and living in the SUBSCRIBER's home.

In addition, a DEPENDENT child who is unmarried, does not have a dependent of his or her own, is not covered by any other health insurance policy (including Medicare or Medicaid), and is either a resident of Florida **or** a Full-Time or Part-Time college student may stay on the PLAN until the end of the year in which the child turns age thirty (30).

• ***To add a DEPENDENT child between the ages of 19-30 an affidavit (available through your local Executive Assistant) MUST be completed and turned in to your Executive Assistant within the enrollment period of 30 days.***

DEPENDENT children include the following:

• Natural children, legally adopted children (from the date of placement for adoption), stepchildren, and children who Remington has determined are covered under a "Qualified Medical Child Support Order". Such children may be the children of the SUBSCRIBER and/or the SUBSCRIBER's spouse or Domestic Partner.

• A child for whom legal guardianship has been awarded to the SUBSCRIBER or the SUBSCRIBER's spouse or Domestic Partner.

No individual may be covered under this PLAN as both an EMPLOYEE and a DEPENDENT. Also, no individual will be considered an ELIGIBLE DEPENDENT of more than one EMPLOYEE.

If an unmarried, DEPENDENT child, upon reaching age nineteen (19), is TOTALLY DISABLED and resides with the SUBSCRIBER, such DEPENDENT will continue to be an ELIGIBLE DEPENDENT under the CONTRACT until such time as the DEPENDENT is no longer TOTALLY DISABLED or coverage under the CONTRACT terminates for any reason. Remington must be notified of such disability.

The EMPLOYEE will be required to provide DDAR with written evidence of a
DEPENDENT child's disability status.

This Amendment shall become effective on [January 1, 2010 – V].

GROUP NAME

DELTA DENTAL PLAN OF ARKANSAS, INC.

Ed Chrake

Chief Executive Officer

Name and Title

Name and Title

Date

Date

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/06/2011
Comments:			
Attachment:			
Remington2011 Cert of Compliance.pdf			


		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	06/06/2011
Bypass Reason:	n/a		
Comments:			



Attestation

I, the undersigned, do hereby certify and attest that Omega Administrators, Inc. has submitted all information required by the Georgia Insurance and Safety Fire Commissioner regarding new director Dr. Mel Collazo, to wit: Biographical Affidavit (GID-52), Release of Information (GID-53) and an investigative background report.

Signed this 24th day of May, 2011.


Sara Farris, Director of Compliance

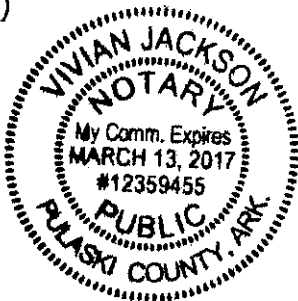
Subscribed and sworn to before me, a Notary Public, on this 24th day of May, 2011.

My Commission Expires:

March 13, 2017


NOTARY PUBLIC

(seal)



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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/02/2011	Form	Remington2011	06/06/2011	Remington - dental cert amendment.pdf (Superceded)

Delta Dental of Arkansas Amendment to Group Contract

[Group Name]
[Group Number]

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A DEPENDENT child is eligible for coverage through the end of the year in which the child turns age twenty-five (25) if the DEPENDENT is a full-time college student and/or is primarily dependent on the SUBSCRIBER and living in the SUBSCRIBER's home.

In addition, a DEPENDENT child who is unmarried, does not have a dependent of his or her own, is not covered by any other health insurance policy (including Medicare or Medicaid), and is either a resident of Florida **or** a Full-Time or Part-Time college student may stay on the PLAN until the end of the year in which the child turns age thirty (30).

• ***To add a DEPENDENT child between the ages of 19-30 an affidavit (available through your local Executive Assistant) MUST be completed and turned in to your Executive Assistant within the enrollment period of 30 days.***

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thirty-one (31) calendar days from the end of the period that he/she would become ineligible for coverage in order to continue coverage.

The EMPLOYEE will be required to provide DDAR with written evidence of a DEPENDENT child's disability status.

This Amendment shall become effective on [January 1, 2010 – V].

GROUP NAME

DELTA DENTAL PLAN OF ARKANSAS, INC.

Ed Chrake

Chief Executive Officer

Name and Title

Name and Title

Date

Date